Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/25/2007	Address;	16729 Tayler Rd.	
Case #:	24F-28848		Walkerton, IN	
County:	<u>Marshall</u>		<u>46574</u>	
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) Check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Mammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Woodline Hydrochloric Acid Gas Generator(s): Corrosive Acid: Other (item and location):				
Yes No Hif yes, fax report	r age 18 discovered (check one) (number present) port to Child Protective Services is to be faxed to the following agen	Ephedrine Retail/Me Other: cies that serve the lo	cation:	
	ment: Walkerton	Fax: (574) 5	<u>86-2</u> 288	
Health Department: Marshall County		Fax: (574) 9	Fax: (574) 936-9247	
Child Protec	ction Service: Marshall County	Fax: (574) 5	935-4046	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R. Hudson Phone 219-696-6242				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.